: 4 	IN THE UN	ITED STATES PATE	IN	AND TRAD	EMARK O	FFICE		
OLIFF & BERRIDGE, PI	LC			4	Attorney Do	cket No.:	118072	
P.O. Box 19928				•		_	<u>.</u> .	
Alexandria, Virginia						Date:	Decembe	r 12, 2003
Telephone: (703) 836- Facsimile: (703) 836-2				MAIL ST	OP PATEN	т аррі	ICATION	
•	.,,,,			<u></u>	<u> </u>		CHILON	
Customer Number:		NO	NF	PROVISION	AL APPLIC RULE §1		TRANSMI	TTAL
Commissioner for Pater	nts							٥
P.O. Box 1450 Alexandria, VA 22313	-1450							- 55 ▮
Alexandra, VA 22313	-1430							34 34
Sir:								73
Transmitted herewith for	or filing under 37 (C.F.R. §1.53(b) is the t	non	provisional p	atent applica	ation		548
For (Title):	J	E MEMORY DEVICE		E-a-raioner b	appirot			<u></u>
,	Masahiro KANA		-					
By (Inventors):	IVIASAIIITO KAINA	VI						
Use Figure A Declaration and This application (A Preliminary A This patent appl The execute An Information Entitlement to so a Preliminary A Priority of foreig A certified This application the invention disunder a multilate	for front pand Power of Attorn claims benefit of Amendment is attaication is assigned at Assignment is find Disclosure Statem mall entity status is mendment is filed an application No. copy of the above is NOT to be publicated in this appearal international a calculated below:	ent is filed herewith. s hereby asserted. herewith. 2002-364047 filed Decorresponding foreign lished under 35 U.S.C lication has not and wigreement, that requires	ecer app	in the Specific PORATION. The properties of the specific properties of the specific properties of the subsection of the	cation if not in <u>Japan</u> is filed herew ndersigned a ject of an ap	claimed (ith.	(35 U.S.C. § r agent heret filed in anot ns after filing	by certifies tha ther country, o
ANY PRELIMINARY	Y AMENDMENT	NOTED ABOVE	_	SMALL	ENTITY		OTHER T	
FOR:	NO. FILED	NO. EXTRA		RATE	FEE	<u>OR</u>	RATE	FEE
BASIC FEE					\$ 385	<u>OR</u>		\$ 770
TOTAL CLAIMS	12 - 20	= 0*		x 9=	\$	<u>OR</u>	x 18	s
INDEP CLAIMS	1 - 3	= 0*		x 43 =	s	<u>OR</u>	x 86	\$

If the difference is less than zero, enter "0".

MULTIPLE DEPENDENT CLAIMS PRESENTED

SWIALL ENTITY						
RATE	FEE	<u>OR</u>				
	\$ 385	<u>OR</u>				
x 9=	\$	<u>OR</u>				
x 43 =	\$	<u>OR</u>				
+ 145 =	\$	<u>OR</u>				
TOTAL	\$	<u>OR</u>				

RATE	FEE			
	\$ 770			
x 18	s			
x 86	s			
+ 290	\$			

\$ 770

TOTAL

Check No. 149215 in the amount of \$770.00 to cover the filing fee is attached. Except as otherwise noted herein, the Commissioner is hereby authorized to charge any other fees that may be required to complete this filing, or to credit any overpayment, to Deposit Account No. 15-0461. Two duplicate copies of this sheet are attached.

Respectfully submitted,

James A. Oliff Registration No. 27,075

Thomas J. Pardini Registration No. 30,411

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